

FILED JUN 8, 1944

State File No.

Registration District No.

Primary Registration District No. 3025

Registrar's No. 53

1. PLACE OF DEATH:

- (a) County Howell
(b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME

3. (b) If veteran, name war ✓ 3. (c) Social Security No. Dayme Lucile Tenley

4. Sex 73 5. Color or race B 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 19-1944 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name Harvey Tenley

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name Bevelly Ball

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Bevelly Tenley

- (b) Address West Plains Mo

17. (a) B (b) Date thereof 4-23-44

- (c) Place: burial or cremation David Brown

18. (a) Signature of funeral director Robert M. Brown

- (b) Address 511-44

19. (a) 511-44 (b) Paul Tenley

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Howell
(c) City or town West Plains 76
(If outside city or town limits, write "RURAL")
(d) Street No. Washington Ave 1
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 20
year 1944 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from

19 to 19

that I last saw him alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death

Posterior hemorrhage - babywas nursed at 5:30 a.m. anddue to one bed-chief & screamed out& started hemorrhaging violentlydue to from mouth - diedwithin 30 minutes - wasOther conditions apparently healthy(Include pregnancy within 6 months of death)heretofore -

Major findings:

Of operations

Of autopsy

161C

Physician

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury

23. Signature Phyllis A. Brown (M.D.)

Address West Plains Mo Date signed 4/21/44

RECEIVED

District Health Officer No. 5,

District File Number 644353

Date Filed 6.7.44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

L. S. Roberts

Licensed Embalmer No. 3432

P. O. Address

West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.